

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii - Halawa	CHAPTER 89
Address: 99-545 Halawa Heights Road, Aiea, Hawaii 96701	Inspection Date: May 15, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> Caregiver stated that smoke alarm was tested in March 2019, but not documented.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Medication left unsecured in residents' rooms.</p> <ul style="list-style-type: none"> <li>- One (1) open bottle of Chlorhexidine Gluconate 0.12% Oral Rinse, USP was left on the shelf in resident's bed room #1</li> <li>- One (1) open tube of Lotrimin Ultra Butenafine Hydrochloride Cream 1% was left on the dresser in resident's bed room #3</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_